



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 5856

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>09/727,969 | <b>FILING DATE</b><br>11/30/2000<br><b>RULE</b> | <b>CLASS</b><br>709 | <b>GROUP ART UNIT</b><br>2151 | <b>ATTORNEY DOCKET NO.</b><br>83000.1124/P4068/MG |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

Peter Madany, Fremont, CA;  
Eric Chu, Los Altos, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLN CLAIMS BENEFIT OF 60/168,598 12/01/1999 *yes 7c*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None 7c*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 01/19/2001

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>KL</i> |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Low cost, stateless, full-featured information appliance

**FILING FEE  
RECEIVED**  
862

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

|  |
|--|
| <input type="checkbox"/> All Fees                              |
| <input type="checkbox"/> 1.16 Fees ( Filing )                  |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
| <input type="checkbox"/> 1.18 Fees ( Issue )                   |
| <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Credit _____                          |